

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-212879

Date Filed

01/10/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Community Service Solutions

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
26 HFU Circle #1, Coleville, CA 96107

3a. Employer Representative - Name and Title  
Amanda J. Hoover, Deputy Director

3b. Address (If same as 2b - state same)  
P.O. Box 346, Coleville, CA 96107

3c. Tel. No.  
530-495-2700

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
amandahooverCSS@gmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Nonprofit

4b. Principal product or service  
In-Home Supportive Services

5a. City and State where unit is located:  
Mono County, California

5b. Description of Unit Involved  
Included: All In-Home Supportive Services providers employed by the above-named employer as employer of record for Mono County, California.  
Excluded: All other employees.

6a. No. of Employees in Unit:  
22

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None.

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None.

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
January 30, 2018

11c. Election Time(s):  
N/A

11d. Election Location(s):  
N/A

12a. Full Name of Petitioner (including local name and number)  
United Domestic Workers of America (UDW), AFSCME Local 3930

12b. Address (street and number, city, state, and ZIP code)  
4855 Seminole Drive, San Diego, CA 92115

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO

12d. Tel. No.  
619-263-7254

12e. Cell No.

12f. Fax No.  
619-263-7899

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Daniel B. Rojas, Attorney

13b. Address (street and number, city, state, and ZIP code)  
Rothner, Segall & Greenstone, 510 S. Marengo Ave., Pasadena, CA 91101

13c. Tel. No.  
626-796-7555

13d. Cell No.

13e. Fax No.  
626-577-0124

13f. E-Mail Address  
drojas@rsglabor.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Daniel B. Rojas

Signature  


Title  
Attorney

Date  
January 10, 2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-213182 Date Filed 01/17/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Pacific Gas and Electric Co. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 77 Beale St, San Francisco CA 94105

3a. Employer Representative - Name and Title Stacey Campos 3b. Address (If same as 2b - state same) same

3c. Tel. No. 415-973-5357 3d. Cell No. 415-850-6340 3e. Fax No. 415-973-5520 3f. E-Mail Address SACH@pg&e.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gas and Electric Utility 4b. Principal product or service Gas and Electric service 5a. City and State where unit is located: Northern California

5b. Description of Unit Involved  
Included: IT Project Manager, Associate; IT Project Manager, Career; IT Project Manager, Senior; IT Project Manager, Expert - See Attachment A  
Excluded: All other employees - See Attachment A  
6a. No. of Employees in Unit: 36  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/17/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Engineers and Scientists of California, Local 20 IFPTE 8b. Address 810 Clay St, Oakland CA 94607

8c. Tel No. 510-238-8320 8d. Cell No. 8e. Fax No. 510-238-8324 8f. E-Mail Address jsperry@ifpte20.org

8g. Affiliation, if any International Federation of Professional and Technical Engineers, AFL-CIO & CLC 8h. Date of Recognition or Certification 1952 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None

10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Mail Ballots on February 7, 2018 11c. Election Time(s): 11d. Election Location(s): Text

12a. Full Name of Petitioner (including local name and number) Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC 12b. Address (street and number, city, state, and ZIP code) 810 Clay St, Oakland, CA, 94607

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC

12d. Tel No. 510-238-8320 12e. Cell No. 510-384-7088 12f. Fax No. 510-238-8324 12g. E-Mail Address jwright@ifpte20.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Danielle Lucido, Chief Counsel and Josh Sperry, Sr. Union Representative 13b. Address (street and number, city, state, and ZIP code) 810 Clay St, Oakland, CA, 94607

13c. Tel No. 510-238-8320 13d. Cell No. 415-336-9201 and 510-316-1091 13e. Fax No. 415-771-7010 13f. E-Mail Address dlucido@ifpte20.org and jsperry@ifpte20.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Jonathan T. Wright Signature Title Organizer Date January 17, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### **Attachment A**

To RC Petition filed on 1/17/2018 by ESC Local 20, IFPTE (ESC) for *Armour-Globe* self-determination election to add **IT Project Managers** to existing bargaining unit.

#### **5b. Description of Unit Involved:**

##### **Included:**

All full-time and part-time employees employed by the employer at all its locations in the "Infrastructure and Operations Program and Project Delivery" department in the following classifications:

IT Project Manager, Associate; IT Project Manager, Career; IT Project Manager, Senior; IT Project Manager, Expert

These employees are petitioning to join the existing ESC-represented Professional & Technical Unit, comprised of approximately 3300 employees, and request an *Armour-Globe* election.

##### **Excluded:**

All other employees, confidential employees, guards and supervisors as defined by the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-213962</b>	Date Filed <b>1/31/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. <b>The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.</b>			
<b>2a. Name of Employer</b> Gilton Solid Waste Management, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 800 S. McClure Road, Modesto, CA 95357	
<b>3a. Employer Representative - Name and Title</b> Tedford R. Gilton, Vice President		<b>3b. Address (If same as 2b - state same)</b> 755 S. Yosemite Avenue, Oakdale, CA 95361	
<b>3c. Tel. No.</b> (209) 527-3781	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (209) 527-2077	<b>3f. E-Mail Address</b> tedg@gilton.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Garbage & recycling facility		<b>4b. Principal product or service</b> Solid waste disposal	
<b>5b. Description of Unit Involved</b>  <b>Included:</b> All drivers, sweepers, frontloaders  <b>Excluded:</b> All other employees, guards and supervisors		<b>5a. City and State where unit is located:</b> Modesto, California	
		<b>6a. No. of Employees in Unit:</b> 98	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Tuesday, February 6, 2018	<b>11c. Election Time(s):</b> 8:00 a.m. - 10:00 a.m., 12:00 noon-2:00 p.m.	<b>11d. Election Location(s):</b> Lunch room, 880 S. McClure Road, Modesto, CA
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local 386		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1225 13th Street, Modesto, CA 95334


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (209) 526-2755	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (209) 526-9485	<b>12g. E-Mail Address</b> Rene@teamsters386.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> ccohen@unioncounsel.net, drosenfeld@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney for Petitioner, Teamsters Local 386	<b>Date</b> January 31, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-214149</b>	Date Filed <b>02/02/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
J & J Worldwide Services

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
926 Franklin Avenue, Lemoore, CA 93246

**3a. Employer Representative - Name and Title**  
Gary Weiss, Regional Manager

**3b. Address (If same as 2b - state same)**  
926 Franklin Avenue, Lemoore, CA 93246

**3c. Tel. No.**  
512-691-4850

**3d. Cell No.**  
512-8009824

**3e. Fax No.**

**3f. E-Mail Address**  
gary.weiss@jjwws.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Environmental Services

**4b. Principal product or service**  
Building Maintenance

**5a. City and State where unit is located:**  
Lemoore, California

**5b. Description of Unit Involved**  
Included: General Maintenance, Maintenance Mechanic, HVAC Tech, Stationary Engineer, Accounting Clerk, Electrician  
Excluded:

**6a. No. of Employees in Unit:**  
7

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this and Employer declined recognition on or about (Date) (If no reply received, so state). **petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
As soon as possible

**11c. Election Time(s):**  
9:00 a.m. to 5:00 p.m.

**11d. Election Location(s):**  
Employer's premises breakroom

**12a. Full Name of Petitioner (including local name and number)**  
Stationary Engineers Local 39

**12b. Address (street and number, city, state, and ZIP code)**  
4644 West Jacquelyn Avenue, Fresno, CA 93722

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Operating Engineers, AFL-CIO

**12d. Tel No.**  
559-233-0839

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
dgodinho@local39.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Stewart Weinberg, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1001 Marina Village Parkway, Suite 200, Alameda, California 94501

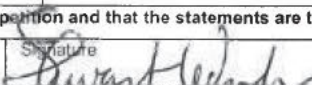
**13c. Tel No.**  
510-337-1001

**13d. Cell No.**

**13e. Fax No.**  
510-337-1023

**13f. E-Mail Address**  
sweinberg@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Stewart Weinberg	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> February 2, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-214346

Date Filed

02/06/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Old Dominion Freight Lines		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 601 D'Arcy Parkway, Lathrop, CA 95330	
3a. Employer Representative - Name and Title Brian Durbin, Terminal Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 209-858-5173	3d. Cell No.	3e. Fax No. 209-858-5175	3f. E-Mail Address Brian.durbin@odfl.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Freight Terminal		4b. Principal product or service Delivery of Freight	5a. City and State where unit is located: Lathrop, CA
5b. Description of Unit Involved Included: all regular part-time and full-time p&d drivers and line drivers Excluded: all other employees of the Terminal			6a. No. of Employees in Unit: 32 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address


11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Propose - 2/28 (Wed) or 3/1 (Thu)	11c. Election Time(s): 6 a.m. - 6 p.m.	11d. Election Location(s): Conference Rm in Main Office @601 D'Arcy Parkway, Lathrop, CA	
12a. Full Name of Petitioner (including local name and number) Teamsters Local 439		12b. Address (street and number, city, state, and ZIP code) 1531 East Fremont Street, Stockton, CA 95205	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			

12d. Tel. No. 209-948-9592	12e. Cell No.	12f. Fax No. 209-948-3424	12g. E-Mail Address
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Costa Kerestenzis, Attorney for Local 439		13b. Address (street and number, city, state, and ZIP code) 520 Capitol Mall, Suite 300, Sacramento, CA 95814	
13c. Tel. No. 916-325-2100	13d. Cell No.	13e. Fax No. 916-325-2120	13f. E-Mail Address ckkerestenzis@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Costa Kerestenzis	Signature 	Title Attorney for Local 439	Date February 6, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-215055

Date Filed

02/16/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Sutter Health - PAMF

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
See Attachment A

**3a. Employer Representative - Name and Title**  
Katie Borges

**3b. Address** (If same as 2b - state same)  
2751 Research Park Dr, Soquel, CA 95073

**3c. Tel. No.**  
831-460-6070

**3d. Cell No.**

**3e. Fax No.**  
831-458-6365

**3f. E-Mail Address**  
borgesk@sutterhealth.org

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
Healthcare

**4b. Principal product or service**  
Healthcare

**5a. City and State where unit is located:**  
Santa Cruz County, CA

**5b. Description of Unit Involved**

**Included:** All Advanced Practice Clinicians (Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants)

**Excluded:** All other employees

**6a. No. of Employees in Unit:**  
62

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 2/16/18 and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (If none, so state).  
None

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 1 - March 15, 2018

**11c. Election Time(s):**

**11d. Election Location(s):**

**12a. Full Name of Petitioner** (including local name and number)  
Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC

**12b. Address** (street and number, city, state, and ZIP code)  
810 Clay St, Oakland, CA, 94607

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Federation of Professional and Technical Engineers, AFL-CIO & CLC

**12d. Tel. No.**  
510-238-8320

**12e. Cell No.**  
510-384-7088

**12f. Fax No.**  
510-238-8324

**12g. E-Mail Address**  
jwright@ifpte20.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Eleanor Morton, Attorney and Lindsay Nicholas, Attorney

**13b. Address** (street and number, city, state, and ZIP code)  
1188 Franklin St, Suite 201, San Francisco, CA 94109

**13c. Tel. No.**  
415-447-0402

**13d. Cell No.**  
415-336-9201

**13e. Fax No.**  
415-771-7010

**13f. E-Mail Address**  
emorton@leonardcarder.com lnicholas@leonardcarder.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name** (Print)  
Jonathan T. Wright

**Signature**  


**Title**  
Organizer

**Date**  
February 16, 2017

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**Attachment A**

To RC Petition filed on 2/16/2018 by ESC Local 20, IFPTE (ESC)

Addresses of Establishment involved:

7600 Old Dominion Court, Aptos, CA 95003

815 Bay Avenue, Capitola, CA 95010

2900 Chanticleer Ave, Santa Cruz, CA 95065

2907 Chanticleer Ave., 2nd floor, Santa Cruz, CA 95065

2911 Chanticleer Avenue, Santa Cruz, CA 95065

2850 Commercial Crossing, Santa Cruz, CA 95065

1662 Dominican Way, Santa Cruz, CA 95065

2980 El Rancho Drive, Santa Cruz, CA 95060

1301 Mission Street, Santa Cruz, CA 95060

1529 Seabright Avenue, Santa Cruz, CA 95062

2025 Soquel Avenue, Santa Cruz, CA 95062

1661 Soquel Drive, Suite D, Santa Cruz, CA 95065

1661 Soquel Drive, Suite F, Santa Cruz, CA 95065

4663 Scotts Valley Drive, Scotts Valley, CA 95066

3035 North Main Street, Soquel, CA 95073

550 South Green Valley Road, Watsonville, CA 95076



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-215170</b>	Date Filed <b>02/20/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Sacred Heart Community Service		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1381 South First St., San José, CA 95110	
<b>3a. Employer Representative - Name and Title</b> Poncho Guevara, Executive Director		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> (408) 278-2160	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (408) 885-9071	<b>3f. E-Mail Address</b> ponchog@sacredheartcs.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Nonprofit Organization		<b>4b. Principal product or service</b> Various forms of essential services to community	<b>5a. City and State where unit is located:</b> San José, California
<b>5b. Description of Unit Involved</b> Included: See attachment  Excluded: See attachment			<b>6a. No. of Employees in Unit:</b> 54  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By this petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b> None	
<b>8c. Tel No.</b> None	<b>8d. Cell No.</b> None	<b>8e. Fax No.</b> None	<b>8f. E-Mail Address</b> None
<b>8g. Affiliation, if any</b> None		<b>8h. Date of Recognition or Certification</b> None	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) None

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b> None	<b>10b. Address</b> None	<b>10c. Tel. No.</b> None	<b>10d. Cell No.</b> None
		<b>10e. Fax No.</b> None	<b>10f. E-Mail Address</b> None

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 7, 2018  
**11c. Election Time(s):**  
10am - 2pm and 5pm - 7pm  
**11d. Election Location(s):**  
Employer's facility, Fiesta Room

**12a. Full Name of Petitioner (including local name and number)**  
Service Employees International Union, Local 521 (SEIU Local 521)  
**12b. Address (street and number, city, state, and ZIP code)**  
2302 Zanker Rd., San Jose, CA 95131

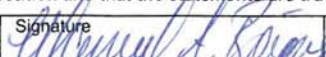
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Service Employees International Union

<b>12d. Tel No.</b> (408) 678-3300	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (408) 954-1538	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union		<b>13b. Address</b> (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> mboigues@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> 2/20/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**ATTACHMENT TO RC PETITION**

EMPLOYER: SACRED HEART COMMUNITY SERVICE

PETITIONER: SEIU LOCAL 521

**5b. Description of Unit involved:**

**Included:** All full-time and regular part-time Accountants, Accountants (Senior), Administrative Assistants, Advocates, Case Managers, Case Workers, Child case Coordinators, Community Engagement Coordinators, Community Organizers, Coordinators, Crews, Education Coordinators, Education Organizers, Energy Assistance Coordinators, Facilities Coordinators, Facilities employees, Homeless Prevention Case Managers, Installers, Installers (Lead), I.T. employees, Joblink Associates, Joblink Employment Coordinators, Organizing Coordinators, Pantry Coordinators, Program Associates, Program Organizers, Public Benefits Coordinators, and Technicians (I, II, and III).

**Excluded:** All other employees, managers, security guards, and supervisors as defined by the Act.

(b) (6), (b) (7)(C)



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-215778</b>	Date Filed <b>03/01/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Kay & Associates, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Naval Air Station (NAS) Lemoore, 700 Avenger Ave, Lemoore, CA 93245	
<b>3a. Employer Representative - Name and Title</b> Bradley J. Kay, Executive Vice President		<b>3b. Address</b> (If same as 2b - state same) 165 N. Arlington Heights Rd. Suite 150, Buffalo Grove, IL 60089	
<b>3c. Tel. No.</b> (847)-255-8444	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (847)-682-2131	<b>3f. E-Mail Address</b> bradkay@kayinc.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>4c. City and State where unit is located:</b> Lemoore, CA			

**5b. Description of Unit Involved**  
Included: All full-time and regular part-time Aircraft Mechanics 1, Aircraft Mechanics 2, Aircraft Mechanics 3, Lead Aircraft Mechanics, Tools Parts Attendance, Production Control Clerks and Aircraft Logs & Records technicians employed by the Employer on the Search & Rescue Unit at Naval Air Station (NAS) Lemoore, California.  
Excluded: All office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
43  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Thursday, March 8, 2018	<b>11c. Election Time(s):</b> 8:00-9:00 AM & 3:00-4:00 PM	<b>11d. Election Location(s):</b> Employee Break-room in Hangar 4
<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725, AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 655 Vaqueros Avenue, Sunnyvale, CA 94085


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> (916) 235-0123	<b>12e. Cell No.</b> (818) 795-5695	<b>12f. Fax No.</b> (916) 985-8121	<b>12g. E-Mail Address</b> jsolis@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, csencer@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 1, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-216024

Date Filed

03/06/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Indus Holding Co./Cypress Manufacturing

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
20 Quail Run Circle, Salinas, CA 93907

**3a. Employer Representative - Name and Title**  
Kelly McMullin

**3b. Address** (If same as 2b - state same)  
same

**3c. Tel. No.**  
831-809-2451

**3d. Cell No.**  
831-809-2451

**3e. Fax No.**

**3f. E-Mail Address**  
kelly@indusholdingco.com

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
Cannabis Edibles Manufacturing-Packing

**4b. Principal product or service**  
Cannabis Edibles

**5a. City and State where unit is located:**  
Salinas, CA

**5b. Description of Unit Involved**

**Included:** All fulltime general labor employees, packers, machine operators, quality control, forklift drivers, Sanitation-Dishwashers, Maintenance, Inventory, lab extraction employees.

**Excluded:** All management and administrative employees, working supervisors, truck drivers, sales people, office clerical employees, security guards, foreman, owners and all other employees as defined under the Act.

**6a. No. of Employees in Unit:**  
30

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 2/26/18 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (If none, so state).

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Monday, March 19, 2018

**11c. Election Time(s):**  
8:00 AM to 11:00 AM

**11d. Election Location(s):**  
Outside lunch room

**12a. Full Name of Petitioner (including local name and number)**  
United Food and Commercial Workers, Local 5

**12b. Address (street and number, city, state, and ZIP code)**  
1145 North Main Street Salinas, CA 93906

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
United Food and Commercial Workers International Union, AFL-CIO, CLC

**12d. Tel No.**  
408-625-5595

**12e. Cell No.**  
831-905-3076

**12f. Fax No.**  
831-422-7997

**12g. E-Mail Address**  
pmaturino@ufcw5.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Caren P. Sencer, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1001 Marina Village Parkway, Suite 200 Alameda, CA 94501

**13c. Tel No.**  
510 337-1001

**13d. Cell No.**

**13e. Fax No.**  
510 337-1023

**13f. E-Mail Address** nlrnotices@unioncounsel.net  
csencer@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

David W. M. Fujimoto

**Signature**



**Title**

Attorney

**Date**

March 6, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-216132</b>	Date Filed <b>03/07/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Peninsula Sanitary Services, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 339 Bonair Siding Road, Stanford, California 94305
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<b>3a. Employer Representative - Name and Title</b> Andrew Pellegrini, General Manager	<b>3b. Address (if same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> (650) 321-4236	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (650) 321-9749	<b>3f. E-Mail Address</b> andrew@pssirecycling.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Yard	<b>4b. Principal product or service</b> Refuse Collection and Processing	<b>5a. City and State where unit is located:</b> unincorporated Santa Clara County, California
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All production employees engaged in garbage collection, processing, maintenance, including drivers, helpers, mechanics, and maintenance employees. <b>Excluded:</b> Clerical employees, guards and supervisors as defined by the Act	<b>6a. No. of Employees in Unit:</b> 31 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A (Date) by petition and Employer declined recognition on or about N/A (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None.	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None.

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> March 22, 2018	<b>11c. Election Time(s):</b> 3:30pm - 4:30pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11d. Election Location(s):</b> Company Board Room at work location	<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local 350	<b>12b. Address (street and number, city, state, and ZIP code)</b> 295 89th Street, Suite 304, Daly City, California 94015
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters


<b>12d. Tel No.</b> (650) 757-7290	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (650) 757-7294	<b>12g. E-Mail Address</b> j.coca@ibtlocal350.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Susan K. Garea, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607
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<b>13c. Tel No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> sgarea@beesonayer.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Susan K. Garea	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/7/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-216368** Date Filed **3/12/2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> California Waste Solutions		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1820 10th Street, Oakland, CA 94607	
<b>3a. Employer Representative - Name and Title</b> Kristina Duong, Vice President		<b>3b. Address (If same as 2b - state same)</b>	
<b>3c. Tel. No.</b> 510-832-8111	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 510-832-8206	<b>3f. E-Mail Address</b> Kristinaduong@cawaste.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Waste Recycling and Garbage Collection		<b>4b. Principal product or service</b> Waste Recycling and Garbage Collection	
<b>5b. Description of Unit Involved</b> Included: All Customer Service/Sales, Administration, Operations CS and Parts. Excluded: All others.		<b>5a. City and State where unit is located:</b> Oakland, CA	
		<b>6a. No. of Employees in Unit:</b> 7+	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Wednesday, April 4, 2018	<b>11c. Election Time(s):</b> 11:30 a.m. - 12:00 p.m.	<b>11d. Election Location(s):</b> Employee Break-room
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**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, Local Lodge 1546

**12b. Address (street and number, city, state, and ZIP code)**  
10260 MacArthur Blvd., Oakland, CA 946051

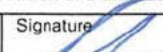
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel. No.</b> 510-638-6705	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-638-1840	<b>12g. E-Mail Address</b> zr1z06r@sbglobal.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, csencer@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 12, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
32-RC-216705	03/16/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Reddaway Trucking		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1495 E. Pescadero Avenue, Tracy, CA 95304	
<b>3a. Employer Representative - Name and Title</b> Bryan Ruiz, Terminal Manager		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (510) 599-9204	<b>3e. Fax No.</b> (510) 941-4960	<b>3f. E-Mail Address</b> Bryan.ruiz@reddaway.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Trucking		<b>4b. Principal product or service</b> Trucking	
<b>5b. Description of Unit Involved</b> Included: All Clerks and OS&D Clerks  Excluded: All other employees, guards and supervisors		<b>5a. City and State where unit is located:</b> Tracy, California	
		<b>6a. No. of Employees in Unit:</b> 5	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/16/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **this Petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> March 28, 2018	<b>11c. Election Time(s):</b> 8:00-9:00 a.m.	<b>11d. Election Location(s):</b> Lunch Room
<b>12a. Full Name of Petitioner (including local name and number)</b> International Brotherhood of Teamsters, Local 439		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1531 E Fremont Street, Stockton, CA 95205	

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Teamsters, AFL-CIO

<b>12d. Tel. No.</b> (209) 948-9592	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (209) 948-3424	<b>12g. E-Mail Address</b> Ehernandez@teamsters439.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David A. Rosenfeld, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> drosenfeld@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 16, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-217273

Date Filed

03/27/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
MV Transportation, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2240 Tully Road, San Jose, California 95122

**3a. Employer Representative - Name and Title**  
Patricia Talbott, General Manager

**3b. Address (If same as 2b - state same)**  
same

**3c. Tel. No.**  
(408) 321-2390

**3d. Cell No.**

**3e. Fax No.**  
(408) 321-8935

**3f. E-Mail Address**  
patricia.talbott@mvtransit.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Paratransit Provider

**4b. Principal product or service**  
Paratransit Services

**5a. City and State where unit is located:**  
San Jose, CA

**5b. Description of Unit Involved**

Included:

See Attached

Excluded:

**6a. No. of Employees in Unit:**  
17

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



**7a. Request for recognition as Bargaining Representative was made on (Date) by this petition** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None.

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

None.

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
April 18, 2018

**11c. Election Time(s):**  
12:45-1:15 pm; 2:15-2:45 pm; 4:45-5:15 pm

**11d. Election Location(s):**  
3990 Zanker Road and 2240 Tully Road, San Jose, CA

**12a. Full Name of Petitioner (including local name and number)**  
Teamsters Local 287

**12b. Address (street and number, city, state, and ZIP code)**  
1452 North Fourth Street, San Jose, CA 95112-4778

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters, Change to Win

**12d. Tel No.**  
(408) 453-0287

**12e. Cell No.**  
(408) 759-9657

**12f. Fax No.**  
(408) 453-2034

**12g. E-Mail Address**  
MerrileeZ@teamsters287.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Andrew H. Baker, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
483 Ninth Street, Suite 200, Oakland, CA 94607

**13c. Tel No.**  
(510) 625-9700

**13d. Cell No.**

**13e. Fax No.**  
(510) 625-8275

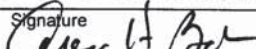
**13f. E-Mail Address**  
abaker@beesontayer.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Andrew H. Baker, Attorney

**Signature**



**Title**

Attorney for Petitioner

**Date**

March 27, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**ATTACHMENT****to****RC PETITION NO. 5b****5b. Description of Unit Involved**

By this petition, Petitioner seeks a self-determination election among the employees in the following residual unit to determine whether they wish to be represented as part of the existing bargaining unit between Petitioner and the Employer.

**Residual Unit.**

**Included:** All full-time and regular part-time Window Dispatchers, Reservationists, Analysts, Customer Service employees (including leads), Data Entry employees, and Mechanics employed by the Employer at is, San Jose (Tully Road and Zanker Road), CA, facility;

**Excluded:** All other employees, guards, and supervisors as defined by the Act.

**Current Unit.**

**Included:** All full-time and regular part-time Drivers, Dispatchers, Fuelers and Utility employees employed by the Employer at its San Jose (Tully Road and Zanker Road) and San Martin, CA, facilities;

**Excluded:** Managerial and administrative employee, office/clerical employees, mechanics, all other employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-217504</b>	Date Filed <b>3/30/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> IAP Worldwide Services, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Fresno Air National Guard Base, Fresno, CA	
<b>3a. Employer Representative - Name and Title</b> Steve Oldham, Site Manager		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> (559) 347-5669	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> steven.oldham@iapws.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Government Support		<b>4b. Principal product or service</b> Aircraft Maintenance	
<b>5b. Description of Unit Involved</b> Included: All computer programmers working at Fresno Air National Guard Base in Fresno, CA  Excluded: All others		<b>5a. City and State where unit is located:</b> Fresno, CA	
		<b>6a. No. of Employees in Unit:</b> 9	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b> (559) 347-5669	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> steven.oldham@iapws.com
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** Tuesday, April 10, 2018 **11c. Election Time(s):** 11:30 a.m. - 12:00 p.m. **11d. Election Location(s):** Employee Break Room 5168 E. Dakota Fresno CA 93727

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, Local Lodge 653 **12b. Address (street and number, city, state, and ZIP code)**  
544 W. Olive Ave., Fresno, CA 93728

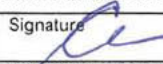
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel No.** 559-264-2815 **12e. Cell No.** **12f. Fax No.** 510-632-4171 **12g. E-Mail Address** jeremycelaya@comcast.net

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address</b> (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> csencer@unioncounsel.net nlrnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 29, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-217519</b>	Date Filed <b>3/30/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 5555 W. Las Positas Blvd., Pleasanton, CA 94588	
<b>3a. Employer Representative - Name and Title</b> Scott Gregerson, President		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> 925-416-3504	<b>3d. Cell No.</b> 703-946-5219	<b>3e. Fax No.</b> 925-416-6812	<b>3f. E-Mail Address</b> sgregerson@stanfordhealthcare.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Acute Care Hospital		<b>4b. Principal product or service</b> Healthcare	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attachment A <b>Excluded:</b> See Attachment A			<b>5a. City and State where unit is located:</b> Pleasanton, California
			<b>6a. No. of Employees in Unit:</b> 350
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 13, 2018	<b>11c. Election Time(s):</b> 6:00-9:00AM, 1:00-3:00PM, and 6:00-9:00PM	<b>11d. Election Location(s):</b> 2W Conference Room
<b>12a. Full Name of Petitioner (including local name and number)</b> California Nurses Association/National Nurses United (CNA/NNU)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 155 Grand Ave., Oakland, CA 94612


**12c.** Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

<b>12d. Tel No.</b> 510-273-2200	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-663-4822	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Marie Walcek		<b>13b. Address (street and number, city, state, and ZIP code)</b> Legal Dept., 155 Grand Ave., Oakland, CA 94612	
<b>13c. Tel No.</b> 510-433-2742	<b>13d. Cell No.</b> 510-517-1871	<b>13e. Fax No.</b> 510-663-4822	<b>13f. E-Mail Address</b> mwalcek@calnurses.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Marie Walcek	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> 03/30/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**Attachment A****RC Petition**

**The Hospital Committee for the Livermore-Pleasanton Areas,  
d/b/a ValleyCare Medical Center**

**by California Nurses Association/National Nurses United (CNA/NNU)**

**5. Unit Involved****Included:**

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its ValleyCare Medical Center facility in Pleasanton, California.

**Excluded:**

All other employees, nurse educators, infection control nurses, case managers, quality management specialists, full-time charge nurses, RNs employed by registries or other agencies providing outside labor to the Employer, office clerical employees, nurse administrators, managerial employees, confidential employees, guards, and supervisors within the meaning of the Act.

**Eligibility date** is pay period ending Saturday, March 24, 2018.

**Per diem/floater/casual RNs** are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the March 24, 2018 eligibility date.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

32-RC-217589

Date Filed

04/02/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> AarhusKarlshamm (AAK) d/b/a California Oils Corp.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1145 Harbour Way S., Richmond, CA 94804	
<b>3a. Employer Representative - Name and Title</b> Bryant Mangless, Director of Site Operations; John Ferrer, Ogletree Deakins, Attorney		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 510-367-8273 (Mangless)	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bryant.mangless@aak.com; john.ferrer@ogletreedekins.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> manufacturer		<b>4b. Principal product or service</b> vegetable oils	
<b>5b. Description of Unit Involved</b> <b>Included:</b> quality control (laboratory) and lead full time and regular part time employees to be added to the existing bargaining unit (Armour-Globe) <b>Excluded:</b> Office clericals, guards, managers, and supervisors as defined in the Act		<b>5a. City and State where unit is located:</b> Richmond, CA	
		<b>6a. No. of Employees in Unit:</b> 7 employees to be added to unit	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/26/18 and Employer declined recognition on or about (Date) (If no reply received, so state): no reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> none for quality control and lead employees		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
none

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):** April 17, 2018  
**11c. Election Time(s):** 11 am-1 pm; 3 pm-5pm  
**11d. Election Location(s):** refinery break room

**12a. Full Name of Petitioner (including local name and number)**  
Warehouse Union Local 6  
**12b. Address (street and number, city, state, and ZIP code)**  
99 Hegenberger Road, Oakland, CA 94621-1485

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Longshore and Warehouse Union

<b>12d. Tel No.</b> (510) 638-5605	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (510) 638-3297	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Emily M. Maglio, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1188 Franklin St, Ste. 201, San Francisco, CA 94109	
<b>13c. Tel No.</b> (415) 771-6400	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (415) 771-7010	<b>13f. E-Mail Address</b> emaglio@leonardcarder.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Emily M. Maglio	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> April 2, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-217869	Date Filed 04/05/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Healthcare Services Group, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 475 29th Street, Oakland, California 94609	
3a. Employer Representative - Name and Title Devin Steinbach, Director of Operations		3b. Address (If same as 2b - state same) 5199 E. Pacific Coast Hwy., #402, Long Beach, CA 94804	
3c. Tel. No.	3d. Cell No. (916) 661-8548	3e. Fax No. (800) 421-9271	3f. E-Mail Address devin.steinbach@hcsgrcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Subcontractor for Laundry, Housekeeping, and Janitorial services	
5b. Description of Unit Involved Included: Laundry, Housekeeping, and Janitorial employees  Excluded: All other employees, including managers, guards, and supervisors as defined by the Act		5a. City and State where unit is located: Oakland, California  6a. No. of Employees in Unit: 11  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) This petition and Employer declined recognition on or about None (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
April 19, 2018  
11c. Election Time(s):  
11:30am to 2:30pm  
11d. Election Location(s):  
Facility - Break rooms or supply room

12a. Full Name of Petitioner (including local name and number)  
Service Employees International Union, Local 2015  
12b. Address (street and number, city, state, and ZIP code)  
2910 Beverly Blvd., Los Angeles, CA 90057


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union

12d. Tel No. 213-985-0398	12e. Cell No.	12f. Fax No. 213-422-6038	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Manuel A. Boigues, Attorney for Union		13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address mboigues@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Manuel A. Boigues	Signature 	Title Attorney for Union	Date 4/5/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-219886</b>	Date Filed <b>05/08/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Sutter Care at Home-VNA Santa Cruz	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2880 Soquel Avenue, Suite 10, Santa Cruz, CA 95062
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<b>3a. Employer Representative - Name and Title</b> Meg López	<b>3b. Address (If same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> 831-713-7088	<b>3d. Cell No.</b> 831-713-7088	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> lopezmc@sutterhealth.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Home healthcare	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Santa Cruz
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Technical employees employed by the employer in the classification of Physical Therapy Assistants.  <b>Excluded:</b> All other employees, confidential employees, guards and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> 3  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 4/27/18 **and Employer declined recognition on or about** 4/27/18 **(Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> 5/30/2018	<b>11c. Election Time(s):</b> 11a - 1p	<b>11d. Election Location(s):</b> 2nd Floor - Conference Room, 2880 Soquel Ave. Santa Cruz
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<b>12a. Full Name of Petitioner (including local name and number)</b> National Union of Healthcare Workers	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5801 Christie Avenue, Suite 525
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
None

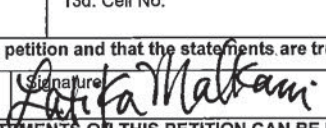
<b>12d. Tel No.</b> (510) 834-2009	<b>12e. Cell No.</b> 831-521-8493 (Grant Hill)	<b>12f. Fax No.</b> (510) 834-2019	<b>12g. E-Mail Address</b> ghill@nuhw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Latika Malkani, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1939 Harrison St. #307, Oakland, CA 94612
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<b>13c. Tel No.</b> 510-452-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-452-5004	<b>13f. E-Mail Address</b> lmalkani@sl-employmentlaw.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Latika Malkani	<b>Signature</b> 	<b>Title</b> Attorney, Siegel LeWitter Malkani	<b>Date</b> May 8, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-219934</b>	Date Filed <b>05/09/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Foothill Community Health Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2670 S. White Rd., Ste.200, San Jose, CA 95148
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<b>3a. Employer Representative - Name and Title</b> Salvador Chavarin, CEO	<b>3b. Address (If same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> 408-729-9700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 866-931-7822	<b>3f. E-Mail Address</b> schavarin@sjfccc.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> San Jose, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Behavioral Health Clinicians and Case Managers <b>Excluded:</b> Managers, guards, and supervisors as defined by the act.	<b>6a. No. of Employees in Unit:</b> 33 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 4/18/18 **and Employer declined recognition on or about** 4/20/18 **(Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> none	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no **If so, approximately how many employees are participating?** \_\_\_\_\_  
**(Name of labor organization)** \_\_\_\_\_, **has picketed the Employer since (Month, Day, Year)** \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
-

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> early as possible	<b>11c. Election Time(s):</b> n/a	<b>11d. Election Location(s):</b> n/a
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<b>12a. Full Name of Petitioner (including local name and number)</b> Communications Workers of America, Local 9423	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2015 Naglee Ave. San Jose, CA 95128
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Communications Workers of America

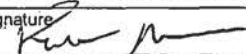
<b>12d. Tel No.</b> 408-278-9423	<b>12e. Cell No.</b> 805-704-1996	<b>12f. Fax No.</b> 408-280-5942	<b>12g. E-Mail Address</b> rhogue@cwa9423.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Robert Hogue, Vice President	<b>13b. Address (street and number, city, state, and ZIP code)</b> 2015 Naglee Ave. San Jose, CA 95128
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<b>13c. Tel No.</b> 408-278-9423	<b>13d. Cell No.</b> 805-704-1996	<b>13e. Fax No.</b> 408-280-5942	<b>13f. E-Mail Address</b> rhogue@cwa9423.org
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Robert Hogue	<b>Signature</b> 	<b>Title</b> Vice President	<b>Date</b> 5/9/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-220150

Date Filed

05/14/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

First Transit

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

2477 Arnold Industrial Way  
CA Concord 94520-5335

**3a. Employer Representative - Name and Title**

Tim McGowan

**3b. Address (If same as 2b - state same)**

2477 Arnold Industrial Way  
CA Concord 94520-5335

**3c. Tel. No.**

(925) 943-1829

**3d. Cell No.**

(925) 303-9410

**3e. Fax No.**

(925) 687-3247

**3f. E-Mail Address**

tim.mcgowan@firstgroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Transportation

**4b. Principal product or service**

Public Transit

**5a. City and State where unit is located:**

Concord, CA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

9

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
June 5, 2018

**11c. Election Time(s):**  
7:00 pm to 10:00 pm

**11d. Election Location(s):**  
Breakroom

**12a. Full Name of Petitioner (including local name and number)**

Robert Jackson  
Amalgamated Transit Union Local 1605

**12b. Address (street and number, city, state, and ZIP code)**

1529 Linewood Pl  
CA Pittsburg 94565-5666

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

Amalgamated Transit Union

**12d. Tel. No.**

(925) 726-1982

**12e. Cell No.**

(925) 726-1982

**12f. Fax No.**

**12g. E-Mail Address**  
rjackdriver1@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Daniel Smith Assistant General Counsel  
Amalgamated Transit Union

**13b. Address (street and number, city, state, and ZIP code)**

10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**13c. Tel. No.**

(301) 431-7100

**13d. Cell No.**

(202) 714-4219

**13e. Fax No.**

**13f. E-Mail Address**  
dsmith@atu.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Daniel Smith

**Signature**

Daniel B. Smith

**Title**

Assistant General Counsel

**Date**

05/14/2018 15:02:55

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
32-RC-220150	05/14/2018

#### Employees Included

All full-time and regular part-time reservationists, dispatchers, schedulers and administrative assistants employed by the Employer at its Concord, CA facility. (The Petitioner seeks an Armour Globe election to include the petitioned-for employees within an existing unit at the Concord, CA facility.)

#### Employees Excluded

All other employees, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-220581</b>	Date Filed <b>5/21/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Safeway, Inc. (Tracy Distribution Center)		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 16900 W. Schulte Road, Tracy, CA 95377	
<b>3a. Employer Representative - Name and Title</b> Jack Mixey		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> (209) 833-4711	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (209) 833-4727	<b>3f. E-Mail Address</b> jack.mixey@safeway.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grocery Warehouse		<b>4b. Principal product or service</b> Groceries	<b>5a. City and State where unit is located:</b> Tracy, California
<b>5b. Description of Unit Involved</b> <b>Included:</b> Inventory Clerks <b>Excluded:</b> Administration, Traffic Clerks, Supervisory or any other classification			<b>6a. No. of Employees in Unit:</b> 15 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/21/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **By Petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_


**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> June 4, 2018	<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> Conference Room	
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local 439		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1531 E. Fremont Street, Stockton, CA 95201	

<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters, AFL-CIO			
<b>12d. Tel. No.</b> (209) 948-9592	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (209) 948-3424	<b>12g. E-Mail Address</b> Ehernandez@teamsters439.com

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> David A. Rosenfeld, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> drosenfeld@unioncounsel.net; dfujimoto@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 5/21/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.




UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-221705</b>	Date Filed <b>06/08/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Harrah's Reno, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 219 N Center Street, Reno, NV 89501	
<b>3a. Employer Representative - Name and Title</b> Richard N Appel, SVP and Chief Counsel, Labor and Employment		<b>3b. Address</b> (If same as 2b - state same) One Caesars Palace Drive, Las Vegas NV 89109-8969	
<b>3c. Tel. No.</b> (702) 407-6053	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (702) 407-6284	<b>3f. E-Mail Address</b> rappel@caesars.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Casino		<b>4b. Principal product or service</b> Entertainment	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time stagehands, including stage crew, AV, convention services, and lighting, whose duties include the handling, placing and/or operation of scenery, curtains, theatrical lighting, spot lights, sound and sound accessories, computers and computer equipment, video equipment, data projectors, and theatrical rigging. <b>Excluded:</b> All other employees, including convention ops, housemen, as well as guards, supervisors, office clericals, and managers as defined by the Act.		<b>5a. City and State where unit is located:</b> Reno, NV	
<b>6a. No. of Employees in Unit:</b> 7		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>By Petition</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Tuesday, June 19, 2018	<b>11c. Election Time(s):</b> 3:00 p.m. - 4:00 p.m.	<b>11d. Election Location(s):</b> Bill Harrah room on the 4th floor of the Employer's location	
<b>12a. Full Name of Petitioner (including local name and number)</b> I.A.T.S.E. Local 363		<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 9840 Reno, NV 89507	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada			
<b>12d. Tel No.</b> 775-786-2286	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 775-686-2401	<b>12g. E-Mail Address</b> iatse363@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> David W. M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nrlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> June 8, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-222302</b>	Date Filed <b>06/19/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Storer Transportation		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3450 Enterprise Avenue, Hayward, CA 94545	
<b>3a. Employer Representative - Name and Title</b> Edgar Franco, Manager		<b>3b. Address</b> (If same as 2b - state same) 3519 McDonald Ave., Modesto, CA 95358	
<b>3c. Tel. No.</b> (209) 521-8250	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (209) 521-3824	<b>3f. E-Mail Address</b> edgar@storerbus.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation services		<b>4b. Principal product or service</b> Transportation Services	<b>5a. City and State where unit is located:</b> Hayward, California
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time automotive service technicians and apprentices employed by the employer, currently located at its Hayward facility. <b>Excluded:</b> All other employees, including office clerical, professional employees, guards and supervisors under the meaning of the Act.			<b>6a. No. of Employees in Unit:</b> 2 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>6/19/2018</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>by this Petition</b> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> June 29, 2018	<b>11c. Election Time(s):</b> 11:00 a.m.-11:30 a.m., 1:00 p.m.-1:30 p.m.		<b>11d. Election Location(s):</b> Employee break room at Hayward facility
<b>12a. Full Name of Petitioner (including local name and number)</b> Machinists Local Lodge No. 93, District Lodge No. 190		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2102 Almaden Road, Suite 105, San Jose, CA 95125-2104	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Association of Machinists & Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> (408) 440-8716	<b>12e. Cell No.</b> (831) 512-7904	<b>12f. Fax No.</b> (408) 448-4618	<b>12g. E-Mail Address</b> pgonzalez93@att.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> cohen@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Caroline N. Cohen, Attorney	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> June 19, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-222999	Date Filed 06/29/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Healthcare Services Group, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4525 West Tulare Avenue, Visalia, CA 93277
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<b>3a. Employer Representative - Name and Title</b> Ian Hanley, Director of Operations	<b>3b. Address (If same as 2b - state same)</b> 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804
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<b>3c. Tel. No.</b> 408-314-6935	<b>3e. Fax No.</b> 800-884-2769	<b>3f. E-Mail Address</b> ian.hanley@hscgcorp.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Skilled Nursing Facility	<b>4b. Principal product or service</b> Subcontractor for Janitorial, Housekeeping, and Laundry services	<b>5a. City and State where unit is located:</b> Visalia, California
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Janitorial, Housekeeping, and Laundry employees  <b>Excluded:</b> All other employees, including managers, managers in training, account managers, guards, and supervisors as defined by the Act	<b>6a. No. of Employees in Unit:</b> 11  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/29/18 and Employer declined recognition on or about None (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> July 17, 2018	<b>11c. Election Time(s):</b> 10 a.m. to 1 p.m.	<b>11d. Election Location(s):</b> Facility - Break rooms
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<b>12a. Full Name of Petitioner (including local name and number)</b> Service Employees International Union, Local 2015	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2910 Beverly Blvd., Los Angeles, CA 90057
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Service Employees International Union
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<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 213-422-6038	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> mboigues@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> June 29, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



FORM NLRB-502 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-223269</b>	Date Filed <b>07/06/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Good Samaritan Hospital, Mission Oaks Campus		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 15891 Los Gatos Almaden Rd., Outpatient Behavioral Health, 2nd Floor, Los Gatos, CA 95032	
<b>3a. Employer Representative - Name and Title</b> Nancy Clark, Vice President Human Resources		<b>3b. Address (if same as 2b - state same)</b> Good Samaritan Hospital 2425 Samaritan Dr., San Jose, CA 95124	
<b>3c. Tel. No.</b> 408-559-2289	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nancy.clark1@hcahealthcare.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Outpatient Behavioral Health Clinic		<b>4b. Principal product or service</b> healthcare	
<b>5b. Description of Unit Involved</b> <b>Included:</b> all regular full-time, part-time and per diem professional employees including Outpatient Behavioral Therapists and Intake and Referral Specialists employed at the Outpatient Clinic located at 15891 Los Gatos Almaden Road, CA 95032 <b>Excluded:</b> All other employees, managers, confidential employees, physicians, rms, service employees, technical employees, office clericals, and guards and supervisors as defined by the Act, as amended		<b>5a. City and State where unit is located:</b> Los Gatos, CA	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>7/5/2018</u> <b>and Employer declined recognition on or about</b> <u>No reply</u> <b>(Date) (If no reply received, so state).</b>		<b>6a. No. of Employees in Unit</b> <u>18</u>	
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>no</u> <b>If so, approximately how many employees are participating?</b> _____ <b>(Name of labor organization)</b> _____ <b>has picketed the Employer since (Month, Day, Year)</b> _____		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.			
<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> July 18-31		
<b>11c. Election Time(s):</b> NA		<b>11d. Election Location(s):</b> NA	
<b>12a. Full Name of Petitioner (Including local name and number)</b> National Union of Healthcare Workers ("NUHW")		<b>12b. Address (street and number, city, state, and ZIP code)</b> 5301 Christie Ave., Suite 525, Emeryville, CA 94608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> None			
<b>12d. Tel No.</b> 510-834-2009	<b>12e. Cell No.</b> 707-601-1886	<b>12f. Fax No.</b> 510-834-2019	<b>12g. E-Mail Address</b> spage@nuhw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Florice Hoffman, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 8502 East Chapman Ave., Suite 353, Orange, Ca 92669	
<b>13c. Tel No.</b> 714-282-1179	<b>13d. Cell No.</b> 626-524-5965	<b>13e. Fax No.</b> 714-2827918	<b>13f. E-Mail Address</b> fhoffman@socal.rr.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Florice Hoffman	<b>Signature</b> <i>Florice Hoffman</i>	<b>Title</b> Attorney	<b>Date</b> 7/6/2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-223579**

Date Filed **7/12/2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Pacific Gas and Electric Co.  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
77 Beale St, San Francisco CA 94105

**3a. Employer Representative - Name and Title**  
Stacey Campos  
**3b. Address (If same as 2b - state same)**  
same

**3c. Tel. No.** 415-973-5357 **3d. Cell No.** 415-850-6340 **3e. Fax No.** 415-973-5520 **3f. E-Mail Address** SACH@pge.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Gas and Electric Utility **4b. Principal product or service** Gas and Electric service **5a. City and State where unit is located:** Northern California

**5b. Description of Unit Involved**  
**Included:** Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior; Sourcing Specialist, Expert - See Attachment A  
**Excluded:** All other employees - See Attachment A  
**6a. No. of Employees in Unit:** 39  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 7/12/2018 **and Employer declined recognition on or about** \_\_\_\_\_ **(Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).** Engineers and Scientists of California, Local 20 IFPTE **8b. Address** 810 Clay St, Oakland CA 94607

**8c. Tel No.** 510-238-8320 **8d. Cell No.** \_\_\_\_\_ **8e. Fax No.** 510-238-8324 **8f. E-Mail Address** ksawislak@ifpte20.org

**8g. Affiliation, if any** International Federation of Professional and Technical Engineers, AFL-CIO & CLC **8h. Date of Recognition or Certification** 1952 **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 12/31/2019

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No **If so, approximately how many employees are participating?** \_\_\_\_\_  
**(Name of labor organization)** \_\_\_\_\_, has picketed the Employer since **(Month, Day, Year)** \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name** \_\_\_\_\_ **10b. Address** \_\_\_\_\_ **10c. Tel. No.** \_\_\_\_\_ **10d. Cell No.** \_\_\_\_\_  
**10e. Fax No.** \_\_\_\_\_ **10f. E-Mail Address** \_\_\_\_\_

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** Mail Ballots on August 1, 2018 **11c. Election Time(s):** \_\_\_\_\_ **11d. Election Location(s):** \_\_\_\_\_

**12a. Full Name of Petitioner (including local name and number)** Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC **12b. Address (street and number, city, state, and ZIP code)** 810 Clay St, Oakland, CA, 94607

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** International Federation of Professional and Technical Engineers, AFL-CIO & CLC

**12d. Tel No.** 510-238-8320 **12e. Cell No.** 510-384-7088 **12f. Fax No.** 510-238-8324 **12g. E-Mail Address** jwright@ifpte20.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Emily Maglio, Attorney and Jonathan T. Wright, Union Representative/Organizer **13b. Address (street and number, city, state, and ZIP code)** 810 Clay St, Oakland, CA. 94607

**13c. Tel No.** 415-771-6400 and 510-238-8320 **13d. Cell No.** 510-384-7088 **13e. Fax No.** 415-771-7010 **13f. E-Mail Address** emaglio@leonardcarder.com and jwright@ifpte20.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)** Jonathan T. Wright **Signature**  **Title** Organizer **Date** July 12, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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**Attachment A**

To RC Petition filed on 7/3/2018 by ESC Local 20, IFPTE (ESC) for *Armour-Globe* self-determination election to add **Sourcing Specialists** to existing bargaining unit.

**5b. Description of Unit Involved:**

**Included:**

All full-time and part-time employees employed by the employer at all its locations in the Sourcing Department in the following classifications:

Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior;  
Sourcing Specialist, Expert

These employees are petitioning to join the existing ESC-represented Professional & Technical Unit, comprised of approximately 3300 employees, and request an *Armour-Globe* election.

**Excluded:**

All other employees, confidential employees, guards, managers and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-223731**

Date Filed **7/16/2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
See Attachment A

**3a. Employer Representative - Name and Title**  
Scott Gregerson, President

**3b. Address** (If same as 2b - state same)  
5555 W. Las Positas Blvd., Pleasanton, CA 94588

**3c. Tel. No.**  
925-416-3504

**3d. Cell No.**  
703-946-5219

**3e. Fax No.**  
925-416-6812

**3f. E-Mail Address**  
sgregerson@stanfordhealthcare.org

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
Acute Care Hospital

**4b. Principal product or service**  
Healthcare

**5a. City and State where unit is located:**  
Pleasanton, Livermore, & Dublin, CA

**5b. Description of Unit Involved**

Included: See Attachment A

Excluded: See Attachment A

**6a. No. of Employees in Unit:**  
50

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (If none, so state).  
None

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above:** (If none, so state)  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Tuesday, August 7, 2018

**11c. Election Time(s):**  
6:30-8:30AM, 12:00-1:30PM, and 6:30-8:30PM

**11d. Election Location(s):**  
Doctors' Dining Room, SNF 1st Floor

**12a. Full Name of Petitioner** (including local name and number)  
California Nurses Association/National Nurses United (CNA/NNU)

**12b. Address** (street and number, city, state, and ZIP code)  
155 Grand Ave., Oakland, CA 94612

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

**12d. Tel. No.**  
510-273-2200

**12e. Cell No.**

**12f. Fax No.**  
510-663-4822

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Marie Walcek

**13b. Address** (street and number, city, state, and ZIP code)  
Legal Dept., 155 Grand Ave., Oakland, CA 94612

**13c. Tel. No.**  
510-433-2742

**13d. Cell No.**  
510-517-1871

**13e. Fax No.**  
510-663-4822

**13f. E-Mail Address**  
mwalcek@calnurses.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Marie Walcek

**Signature**

**Title**  
Legal Counsel

**Date**  
7/16/2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**Attachment A****RC Petition****The Hospital Committee for the Livermore-Pleasanton Areas,  
d/b/a ValleyCare Medical Center****by California Nurses Association/National Nurses United (CNA/NNU)****2b. Address(es) of Establishment(s) involved**

5555 W. Las Positas Blvd., Pleasanton, CA 94588  
1111 E. Stanley Blvd., Livermore, CA 94550  
1133 E. Stanley Blvd., Livermore, CA 94550  
4000 Dublin Blvd., Dublin, CA 94568

**5. Unit Involved****Existing Unit:**Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

**Voting Group:**Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its facilities located at 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by

registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

**Eligibility date** is pay period ending Saturday, July 14, 2018.

**Per diem/floater/casual RNs** are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the July 14, 2018 eligibility date.

**Resulting Unit:**

Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California, 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-224295</b>	Date Filed <b>07/24/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Good Samaritan Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2425 Samaritan Dr San Jose CA 95124-3985
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<b>3a. Employer Representative - Name and Title</b> Sam Romano-Corporate Director of Employee & Labor Relations	<b>3b. Address (If same as 2b - state same)</b> SAME
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<b>3c. Tel. No.</b> (408) 559-2426	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> samuel.romano@hcahealthcare.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital	<b>4b. Principal product or service</b> Health Services	<b>5a. City and State where unit is located:</b> San Jose CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Full and Part-time Clinical Dietitians, Dietitians and Lead Dietitians <b>Excluded:</b> Directors, Managers, Supervisors, all other classifications or employees	<b>6a. No. of Employees in Unit:</b> 9 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> NONE	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> August 16, 2018	<b>11c. Election Time(s):</b> 8-9AM; 12-1PM	<b>11d. Election Location(s):</b> Hospital Room HAT 2
--	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Engineers and Scientists of California Local 20	<b>12b. Address (street and number, city, state, and ZIP code)</b> 810 Clay Street, Oakland CA 94607
--	---

**12c.** Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Federation of Professional and Technical Engineers, AFL-CIO & CLC

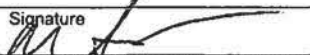
<b>12d. Tel No.</b> 510 238 8320	<b>12e. Cell No.</b> 415 279 9950	<b>12f. Fax No.</b> 510 238 8324	<b>12g. E-Mail Address</b> nsteinmeier@ifpte20.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Danielle Lucido - Chief Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 810 clay Street Oakland CA 94607
---	--

<b>13c. Tel No.</b> 510 238 8320	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510 238 8324	<b>13f. E-Mail Address</b> dlucido@ifpte20.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Nick Steinmeier	<b>Signature</b> 	<b>Title</b> Sr. Union Representative	<b>Date</b> July 24, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

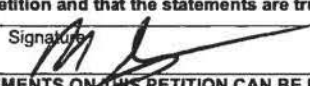
**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-224297</b>	Date Filed <b>07/24/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Good Samaritan Hospital		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2425 Samaritan Dr San Jose CA 95124-3985	
<b>3a. Employer Representative - Name and Title</b> Sam Romano-Corporate Director of Employee & Labor Relations		<b>3b. Address</b> (If same as 2b - state same) SAME	
<b>3c. Tel. No.</b> (408) 559-2426	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> samuel.romano@hcahealthcare.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Hospital/Healthcare		<b>4b. Principal product or service</b> Health Services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full and Part-Time Social Workers, Social Worker IIs and Lead Social Workers <b>Excluded:</b> Directors, Managers, Supervisors - all other classifications/employees		<b>5a. City and State where unit is located:</b> San Jose Ca	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		<b>6a. No. of Employees in Unit:</b> 13 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) NONE			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> August 16, 2018	<b>11c. Election Time(s):</b> 8-9AM; 12-1PM	<b>11d. Election Location(s):</b> Hospital Room HAT 2	
<b>12a. Full Name of Petitioner (including local name and number)</b> Engineers and Scientists of California Local 20		<b>12b. Address (street and number, city, state, and ZIP code)</b> 810 Clay Street, Oakland CA 94607	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
<b>12d. Tel No.</b> 510 238 8320	<b>12e. Cell No.</b> 415 279 9950	<b>12f. Fax No.</b> 510 238 8324	<b>12g. E-Mail Address</b> nsteinmeier@ifpte20.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Danielle Lucido - Chief Counsel		<b>13b. Address (street and number, city, state, and ZIP code)</b> 810 Clay St., Oakland, CA 94607	
<b>13c. Tel No.</b> 510 238 8320	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510 238 8324	<b>13f. E-Mail Address</b> dlucido@ifpte20.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Nick Steinmeier	<b>Signature</b> 	<b>Title</b> Sr. Union Representative	<b>Date</b> 7-24-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-224467

Date Filed

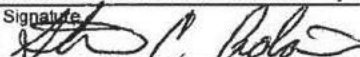
07/26/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> EP MINERALS - FERNLEY PLANT		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> I-80 EAST, EXIT 65 FALLON, NV 89406	
<b>3a. Employer Representative - Name and Title:</b> JEFF FINK PLANT MGR		<b>3b. Address (if same as 2b - state same):</b> I-80 EAST, EXIT 65 FALLON, NV 89406	
<b>3c. Tel. No.</b> 775 824 7600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> MINING OPERATIONS		<b>4b. Principal Product or Service:</b> AGGREGATES	
<b>5a. City and State where unit is located:</b> FERNLEY, NV		<b>5b. Description of Unit Involved:</b> Included: ALL FULLTIME AND REGULAR PART-TIME EMPLOYEES AT THE EMPLOYER'S FACILITY LOCATED AT I-80 EAST EXIT 65 FALLON, NV 89406 Excluded: ALL OTHER EMPLOYEES, DEPARTMENTS, OFFICE, CLERICAL, GUARDS, MANAGERIAL, AND SUPERVISORY EMPLOYEES AS DEFINED BY THE ACT.	
<b>6a. Number of Employees in Unit:</b> ~27		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> NONE		<b>8b. Address:</b> NA	
<b>8c. Tel. No.</b> NA	<b>8d. Cell No.</b> NA	<b>8e. Fax No.</b> NA	<b>8f. E-Mail Address</b> NA
<b>8g. Affiliation, if any:</b> NA		<b>8h. Date of Recognition or Certification:</b> NA	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):</b> NA		<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> NO If so, approximately how many employees are participating? NA (Name of Labor Organization) NA, has picketed the Employer since (Month, Day, Year) NA	
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state):</b> NA			
<b>10a. Name:</b> NA	<b>10b. Address:</b> NA	<b>10c. Tel. No.</b> NA	<b>10d. Cell No.</b> NA
<b>10e. Fax No.</b> NA	<b>10f. E-Mail Address:</b> NA	<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 8/09/2018		<b>11c. Election Time(s):</b> 6AM - 8AM AND 3PM - 5PM	
<b>11d. Election Location(s):</b> EMPLOYEE LUNCH ROOM		<b>12a. Full Name of Petitioner (including local name and number):</b> INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, HELPERS AFL-CIO	
<b>12b. Address (street and number, city, State and ZIP code):</b> 753 STATE AVE KANSAS CITY, KS 66101		<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, HELPERS AFL-CIO	
<b>12d. Tel. No.</b> 913 371 2640	<b>12e. Cell No.</b> NA	<b>12f. Fax No.</b> 913 381 8108	<b>12g. E-Mail Address:</b> SADAIR@BOILERMAKERS.ORG
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> STEVE ADAIR - ORGANIZER		<b>13b. Address (street and number, city, State and ZIP code):</b> 389 EAST WASHINGTON AVE PERU, IN 46970	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 765 469 7817	<b>13e. Fax No.</b>	<b>13f. E-Mail Address:</b> SADAIR@BOILERMAKERS.ORG

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) STEVE ADAIR	Signature 	Title ORGANIZER	Date 7/25/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-225482

Date Filed

8/13/2018

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer

IAP Worldwide Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

Fresno Air National Guard Base, 5168 E. Dakota Ave, Fresno CA 93727

3a. Employer Representative - Name and Title

Steve Oldham, Site Manager

3b. Address (If same as 2b - state same)

same

3c. Tel. No.

(559) 347-5669

3d. Cell No.

(559)709-3168

3e. Fax No.

3f. E-Mail Address

steven.oldham@iapws.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Government Support

4b. Principal product or service

Aircraft Maintenance

5a. City and State where unit is located:

Fresno, CA

5b. Description of Unit Involved

**Included:** All full time and regular part-time Aircraft Mechanic 1, Aircraft Mechanic 2, Aircraft Mechanic 3 and Lead Aircraft Mechanics employed by IAP Worldwide Services on the Fresno Contract Field Team contract, Road Teams.

**Excluded:** All others.

6a. No. of Employees in Unit:

18

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

(559) 347-5669

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

steven.oldham@iapws.com

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

Ballots Mailed August 24, 2018 and counted on September 4, 2018

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers, Local Lodge 653, District Lodge 190

12b. Address (street and number, city, state, and ZIP code)

5726 E. Shields Ave., Fresno, CA 93727

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.

559-264-2815

12e. Cell No.

12f. Fax No.

510-632-4171

12g. E-Mail Address

jsolis@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Caren P. Sencer, Attorney

13b. Address (street and number, city, state, and ZIP code)

Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.

510-337-1001

13d. Cell No.

13e. Fax No.

510-337-1023

13f. E-Mail Address

csencer@unioncounsel.net nlrnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Caren P. Sencer

Signature

Title

Attorney

Date

August 13, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226665</b>	Date Filed <b>08/31/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Healthcare Services Group, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3169 M Street, Merced, CA 95348	
<b>3a. Employer Representative - Name and Title</b> Ian Hanley, Director of Operations		<b>3b. Address</b> (If same as 2b - state same) 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (408)314-6935	<b>3e. Fax No.</b> 800-884-2769	<b>3f. E-Mail Address</b> ian.hanley@hcsgrcorp.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		<b>4b. Principal product or service</b> Subcontractor for Dietary, Janitorial, Housekeeping, and Laundry services	
		<b>5a. City and State where unit is located:</b> Merced, California	

**5b. Description of Unit Involved**  
**Included:** Cooks, Dietary Aides, Dishwashers, Janitors, Housekeepers, and Laundry Aides employed by the Employer at 3169 M Street, Merced, California  
**Excluded:** All other employees at the worksite, including managers, managers in training, account managers, guards, and supervisors as defined by the Act

<b>6a. No. of Employees in Unit:</b> 13
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 8/31/18 and Employer declined recognition on or about None (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> September 12, 2018	<b>11c. Election Time(s):</b> 11am to 3pm	<b>11d. Election Location(s):</b> Facility - Break room or dining room
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**12a. Full Name of Petitioner (including local name and number)**  
Service Employees International Union, Local 2015

**12b. Address (street and number, city, state, and ZIP code)**  
2910 Beverly Blvd., Los Angeles, CA 90057

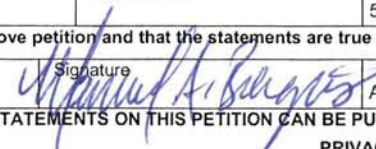
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Service Employees International Union

<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 213-422-6038	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> mboigues@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> August 31, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226757</b>	Date Filed <b>09/04/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Engility Holding Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Naval Air Station Lemoore, CA 93245	
<b>3a. Employer Representative - Name and Title</b> Jennifer Rubin, Talent Acquisition/Keith Hulbert, Supervisor		<b>3b. Address (If same as 2b - state same)</b> 3750 Centerview Drive, Chantilly, VA 20151/same	
<b>3c. Tel. No.</b> (703) 984-4875/(904) 213-7787	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Jennifer.Rubin@Engility.com/Keith.Hulbert@Engility.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All mechanics and helpers. <b>Excluded:</b> All others.		<b>5a. City and State where unit is located:</b> Lemoore, CA	
		<b>6a. No. of Employees in Unit:</b> 4	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> Thursday, September 20, 2018	<b>11c. Election Time(s):</b> 1:00 p.m. - 3:00 p.m.	<b>11d. Election Location(s):</b> NAS Lemoore, Bldg. 3503 B
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**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, District Lodge 725

**12b. Address (street and number, city, state, and ZIP code)**  
2749 Sunrise Boulevard, Rancho Cordova, CA 95742

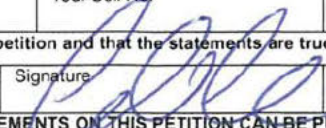
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> (916) 635-4710	<b>12e. Cell No.</b> (916) 200-9151	<b>12f. Fax No.</b> (916) 635-0586	<b>12g. E-Mail Address</b> dbrewer@iam725.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net, ccohen@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 4, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226830</b>	Date Filed <b>09/05/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Genesis HealthCare D/B/A Willow Creek Healthcare Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 650 West Alluvial Avenue, Clovis, CA 93611	
<b>3a. Employer Representative - Name and Title</b> Vivian Del Toro, Administrator		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> (559) 323-6200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (559) 323-7737	<b>3f. E-Mail Address</b> vivian.deltoro@genesishcc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Skilled Nursing Facility		<b>4b. Principal product or service</b> Health care	<b>5a. City and State where unit is located:</b> Clovis, CA

**5b. Description of Unit Involved**  
**Included:** Full-time and regular part-time Certified Nursing Assistants (CNAs), Restorative Nursing Assistants (RNAs), Activities Assistants, Medical Records Assistants, and Social Services Assistants employed by the Employer at its facility in Clovis, CA.  
**Excluded:** All other employees, including Administrator, Assistant Administrator, Director of Nursing, Director of Staff Development, Assistant Staff Development, Registered Nurses, Licensed Vocational Nurses, Activities Director, Medical Records Director, Social Services Director, MDS employees, Admissions employees, HR/Payroll employees, Marketing employees, Business Office employees, Receptionists, Maintenance/Housekeeping employees, Laundry employees, Dietary employees, managers, guards, and supervisors as defined by the Act.

<b>6a. No. of Employees in Unit:</b> 71
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 9/5/2018 and Employer declined recognition on or about No reply (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> September 19, 2018	<b>11c. Election Time(s):</b> 6:30am-7:30am and 2:30pm-3:30pm	<b>11d. Election Location(s):</b> The Library in the Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number)</b> Service Employees International Union, Local 2015	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2910 Beverly Blvd., Los Angeles, CA 90057
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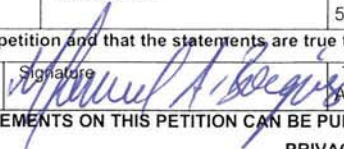
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> mboigues@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> September 5, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226896</b>	Date Filed <b>9/6/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Volvo Cars of Walnut Creek		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2791 No. Main Street, Walnut Creek, CA 94597	
<b>3a. Employer Representative</b> - Name and Title Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> 866-826-6635	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cturner@volvocarswc.com/glichtchenstein@littler.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Automobile Dealership		<b>4b. Principal product or service</b> Automobile Sales and Service	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Technicians, Parts Department Employees, Detailers and Lot Department Employees <b>Excluded:</b> All others		<b>5a. City and State where unit is located:</b> Walnut Creek, CA	
		<b>6a. No. of Employees in Unit:</b> 19	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

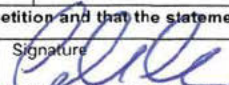
**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state)			

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Tuesday, October 2, 2018	<b>11c. Election Time(s):</b> 12:00 p.m. - 1:00 p.m.	<b>11d. Election Location(s):</b> Employer's Break Room	
<b>12a. Full Name of Petitioner</b> (including local name and number) Machinists Automotive Trades District Lodge No. 190, Machinists Local 1173		<b>12b. Address</b> (street and number, city, state, and ZIP code)	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> 925-687-6421	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 925-685-4116	<b>12g. E-Mail Address</b> solder1546@sbcglobal.net

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address</b> (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 6, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**


Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
32-RC-226926	09/07/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. <b>The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.</b>			
<b>2a. Name of Employer</b> AECOM (URS Federal Services Inc.)		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Lemoore Naval Air Station, 180 (Delta) Reeves Blvd., Lemoore, CA 93246	
<b>3a. Employer Representative - Name and Title</b> Lester Jordan, Director, Labor Relations		<b>3b. Address (If same as 2b - state same)</b> 11832 Rock Landing Dr., Ste. 306, Newport News, VA 33606-4278	
<b>3c. Tel. No.</b> 770-362-0978	<b>3d. Cell No.</b> (301) 526-0093	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> lester.jordan@aecom.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Mechanic I, Mechanic II, Mechanic III, Supply Technicians, Tools and Parts Attendants, Technical Order Librarians, and Aircraft Logs and Record Technicians <b>Excluded:</b> All others.		<b>5a. City and State where unit is located:</b> Lemoore, CA	
		<b>6a. No. of Employees in Unit:</b> 120+	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>By Petition</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Thursday, September 27, 2018	<b>11c. Election Time(s):</b> 9:00 a.m. - 11:00 p.m.	<b>11d. Election Location(s):</b> Employee Break Room	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2749 Sunrise Boulevard, Rancho Cordova, CA 95742	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> (916) 635-4710	<b>12e. Cell No.</b> 916-705-0257	<b>12f. Fax No.</b> 916-635-0586	<b>12g. E-Mail Address</b> oiese@iam725.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> David W. M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, dfujimoto@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> David W. M. Fujimoto, Attorney	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 7, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-226952</b>	Date Filed <b>09/07/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Pacific Gas & Electric Co.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 77 Beale St, San Francisco, CA 94105	
<b>3a. Employer Representative - Name and Title</b> Stacy Campos, Lead Counsel		<b>3b. Address</b> (If same as 2b - state same) 77 Beale St, San Francisco, CA 94105	
<b>3c. Tel. No.</b> 415-973-5357	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> SACH@pge.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Utility		<b>4b. Principal product or service</b> Electric and gas utility service	<b>5a. City and State where unit is located:</b> Various in Northern California

<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time Field Safety Specialists and Senior Field Safety Specialists employed by the Employer in its Corporate Safety Operations department. <b>Excluded:</b> Safety Specialists and Senior Safety Specialists in the following departments: Contact Center Operations, Public Safety & Awareness, Project Execution - Contracts, Credit Policy & Operations, Electrical Distribution Emergency Preparedness Public Partnerships, Safety Leadership Support, ISS Support, and Decon Project. Employees already represented by a labor organization; all other employees, office clerical employees, security guards and officers, and Supervisors as defined in the Act.		<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) <u>09/07/2018</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state).	<input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None.		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None.

<b>10a. Name</b> None.	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Ballots out 10/01/2018; Vote count 10/16/2018	<b>11c. Election Time(s):</b> 10:00am vote count	<b>11d. Election Location(s):</b> Vote count at Region 32 office in Oakland, CA
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<b>12a. Full Name of Petitioner (including local name and number)</b> International Brotherhood of Electrical Workers, Local Union No. 1245	<b>12b. Address (street and number, city, state, and ZIP code)</b> 30 Orange Tree Circle, Vacaville, CA 95687
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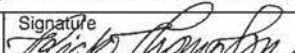
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Electrical Workers, AFL-CIO

<b>12d. Tel No.</b> 707-452-2700	<b>12e. Cell No.</b> 916-439-9937	<b>12f. Fax No.</b> 707-452-2701	<b>12g. E-Mail Address</b> rct8@ibew1245.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Rick Thompson, Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 30 Orange Tree Circle, Vacaville, CA 95687	
<b>13c. Tel No.</b> 916-439-9937	<b>13d. Cell No.</b> 916-439-9937	<b>13e. Fax No.</b> 707-452-2701	<b>13f. E-Mail Address</b> rct8@ibew1245.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Rick Thompson	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 09/07/2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

2018 SEP -7 PM 1:35  
 NLRB REGION 32  
 OAKLAND, CA



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-227309

Date Filed

09/13/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**

Volvo Cars of Walnut Creek

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

2791 No. Main Street, Walnut Creek, CA 94597

**3a. Employer Representative - Name and Title**

Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney

**3b. Address (If same as 2b - state same)**

same

**3c. Tel. No.**

866-826-6635

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

cturner@volvocarswc.com/glichtchenstein@littler.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Automobile Dealership

**4b. Principal product or service**

Automobile Sales and Service

**5a. City and State where unit is located:**

Walnut Creek, CA

**5b. Description of Unit Involved**

**Included:** All Technicians, Parts Department Employees, Detailers and Lot Department Employees

**Excluded:** All others

**6a. No. of Employees in Unit:**

19

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

Thursday, October 11, 2018

**11c. Election Time(s):**

12:00 p.m. - 1:00 p.m.

**11d. Election Location(s):**

Employer's Break Room

**12a. Full Name of Petitioner (including local name and number)**

See Attachment A

**12b. Address (street and number, city, state, and ZIP code)**

See Attachment A

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

See Attachment A

**12d. Tel No.**

See Attachment A

**12e. Cell No.**

**12f. Fax No.**

See Attachment A

**12g. E-Mail Address**

See Attachment A

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** David W.M. Fujimoto, Attorney

**13b. Address (street and number, city, state, and ZIP code)**

Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel No.**

510-337-1001

**13d. Cell No.**

**13e. Fax No.**

510-337-1023

**13f. E-Mail Address**

nlrbnotices@unioncounsel.net, dfujimoto@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

David W.M. Fujimoto

**Signature**



**Title**

Attorney

**Date**

September 12, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**ATTACHMENT A TO JOINT RC PETITION****Volvo Cars of Walnut Creek****12a. Full Name of Petitioner** Automotive Machinists Lodge No. 1173**12b. Address** 1900 Bates Avenue, Suite H Concord, CA 94520-1239**12c. Full name National or International labor organization of which petitioner is affiliate**

Machinists Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 687-6421	(510)409-5849	((925) 685-4116	solder1546@sbcglobal.net

**12a. Full Name of Petitioner** Teamsters Union Local No. 315**12b. Address** 2727 Alhambra Avenue Martinez, CA 94553**12c. Full name National or International labor organization of which petitioner is affiliate**

International Brotherhood of Teamsters

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 228-2246	(707) 333-8006	(925) 228-1612	dgarcia@teamsters315.com



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-227354

Date Filed

09/14/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Specialty Sales, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
4672 East Drummond Ave., Fresno, CA 93725

**3a. Employer Representative - Name and Title:**  
Don Alsup, President

**3b. Address (if same as 2b - state same):**

**3c. Tel. No.**  
559-281-0003

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
don@specialtysalesllc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Factory

**4b. Principal Product or Service**  
Chemicals

**5a. City and State where unit is located:**  
Fresno, CA

**5b. Description of Unit Involved:**  
**Included:**

All employees employed by Employer at 4672 East Drummond Ave.

**Excluded:**

All managers, supervisors, and guards as defined by the Act.

**6a. Number of Employees in Unit:**  
11

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None.

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

9/27/2018

**11c. Election Time(s):**

5:00 pm - 6:30 pm

**11d. Election Location(s):**

Employer's facility

**12a. Full Name of Petitioner (including local name and number):**

Teamsters Local 431

**12b. Address (street and number, city, State and ZIP code):**

1140 W. Olive Ave., Fresno, CA 93728

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

International Brotherhood of Teamsters

**12d. Tel. No.**

(559) 486-5410

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

teamsters431@sbcglobal.net

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Peter McEntee

**13b. Address (street and number, city, State and ZIP code):**

520 Capitol Mall, Suite 300, Sacramento, CA 95814

**13c. Tel. No.**

(916) 325-2100

**13d. Cell No.**

**13e. Fax No.**

(916) 325-2120

**13f. E-Mail Address**

pmcentee@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Peter McEntee

**Signature**

**Title**

Attorney

**Date**

09/14/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



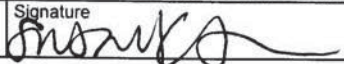
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-229747 Date Filed 10/23/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: U.S. Foods, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 300 Lawrence Drive Livermore, CA 94551 (Hub + other yards in Northern California)	
3a. Employer Representative - Name and Title: Bill Yray, Transportation Manager		3b. Address (if same as 2b - state same): Same.	
3c. Tel. No. (925) 606-1919	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bill.yray@usfoods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) yard		4b. Principal Product or Service food distribution	
5a. City and State where unit is located: various locations in Northern CA		5b. Description of Unit Involved: Included: See attached. Excluded:	
6a. Number of Employees in Unit: 245		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): mailed on 11/6/18	11c. Election Time(s): N/A (mail ballot)	11d. Election Location(s): N/A (mail ballot)	
12a. Full Name of Petitioner (including local name and number): Teamsters Local 853		12b. Address (street and number, city, State and ZIP code): 7750 Pardee Lane Oakland CA, 94621	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. (510) 895-8853	12e. Cell No.	12f. Fax No. (510) 895-6853	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Susan K. Garea, Attorney		13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine 483 Ninth Street, Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Susan K. Garea	Signature 	Title Attorney	Date 10/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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**ATTACHMENT TO RC PETITION**

**Section 5b. Description of Unit Involved:**

**Included:** All full-time and regular part-time drivers and hostlers employed by U.S. Foods, Inc. in Northern California, including at the Livermore hub and other Northern California locations of Anderson, Chico, Sacramento, Cloverdale, Santa Rosa, Fresno, Gilroy, San Jose, Oakdale, Richmond, Fairfield, Ceres and Auburn.

**Excluded:** All other employees and supervisors.